

## Town of Walpole Inspectors of Buildings <u>Application for a Building Permit</u>

## Town Hall 135 School Street Walpole, Massachusetts 02081

Telephone: (508) 660-7324 Fax: (508) 668-2240

Building Permit Number:	Date:	
SECTION 1- Property Ownership Owner of Record:		
Name (Print)		
	Telephone	
Address Location of Property:		
Address		
SECTION 2 - Zoning Information		
Zoning Information: Zoning district Proposed Use	Assessors Parcel Number:	Parcel number
Building Setbacks (ft) Front Yard Required Provided Req	Side yard uired Provided	Rear Yard Required Provided
Water Supply (MGL c. 40, §54) Water Resource 2 Public: Private: Zone: N/		
SECTION 3 - Construction Services (Required for a	alt commercial buildings. See section 9 of	this application)
Company Name:		
Address:		
Telephone: He	ome	Business
Licensed Construction Supervisor		Not Applicable
Licensed Construction Supervisor		License Number
Address Registered Home Improvement Contractor	Homeowner License Exemption	Expiration Date Not Applicable
Name		Registration Number
Address CONTRACTING WITH UNREGISTERED CON	TRACTORS DO NOT HAVE ACCES	Expiration Date * PERSONS S TO THE GUARANTY FUND

## **SECTION 4** - Description of Proposed Work (check all that apply) Type of Construction ...... Use Group.... New Construction... \_\_\_ Existing Building.... \_\_\_ Repair(s).... \_\_\_ Alteration(s).... \_\_\_ Addition.... \_\_\_ (SEE BELOW) Type of Heating System: Oil...... Gas ...... Other... Specify: **Description of work:** Is there any asbestos on this property? Yes \_\_\_\_\_ No \_\_\_\_ If Yes, Has the DEP been notified? Yes\_\_\_\_\_ No \_\_\_\_ Size of building: \_\_\_\_\_\_ Material Used: Depth of Foundation Below Grade: **Size of Footings or Piers:** Thickness of Foundation Walls: Size of Girders, First Floor and others: Structural Floor/Ceiling Framing Details Lumber Material Grade Span Basement: Second Floor: Other: Sleeping Room Emergency Egress Window/Door Size: (Must have a minimum net opening of 20" x 24") Fireplace Opening Size: Flue Size: DEMOLITION of a structure or portion thereof requires letter of release from ALL public utilities, assessor's card, year structure built, and DIG SAFE number entered below. THIS INFORMATION IS REQUIRED. DIG SAFE #: Year Structure Built: \_\_\_\_\_ CALL: 1-888-344-7233 FOR YOUR DIG SAFE NUMBER

ENGINEERING DETAIL PER MASSACHUSETTS STATE BUILDING CODE (CMR 780 § 2313.0)

An Architect or Structural Engineer's Stamp is required on all glue laminated, steel, other engineered beams, and all cathedral ceiling designs.

## **SECTION 5** - Building Height and Area

<b>BUILDING AREA</b>	<b>Existing (If Applicable)</b>	Proposed
Basement Area (SF)		
First Floor Area (SF)		
Second Floor Area (SF)		
Attached or Detached Garage (SF)		
Гotal Square Footage		
the debris resulting from this work shats (S.150A)	ll be disposed of in a properly license	MGL c.40, S.54, a condition of the building permit is that d solid waste disposal facility as defined by MGL c.111,
		ner
Town Located		
SECTION 7 - Workers' Compensation		
Workers Compensation Insurance affice will result in the denial of the issuance Signed Affidavit Attached Yes	e of the building permit.	with this application. Failure to provide this affidavit
	t be completed and submitted with this ilding permit.	for Low-rise Residential Construction s application. Failure to provide this affidavit will result
to CMR 780 § 116 (containing more th		s and structures subject to construction control pursuant fidavits in accordance with CMR 780 § 110.12 must be
submitted with the permit application Registered Architect:		Not Applicable
Name (Registrant):		Registration Number
Address		Expiration Date
Telephone		
Registered Professional Engineer:		
Name		Area of Responsibility
Address		Registration Number
Talanhona		Evniration Date

SECTION 10A- Permit Applicant Declaration			
I,, as Permit Applicant hereby declare that the statements and			
Information on the foregoing application is true a	and accurate, to the best of my knowledge and belief.		
In addition to the foregoing statement, this buildi	ng will be constructed in accordance with all State and Local Building Codes and		
Laws of the Town of Walpole. This is a true state	ement signed under the Penalties of Perjury.		
Applicant Signature	Date		
SECTION 10B - Estimated Construction Costs  Estimated Completed by permi	ost (Dollars) To be t applicant		
1. Estimated Cost	Building Permit Fee:		
2. Certificate of Occupancy \$25.00	CO Fee		
	Total Check Number		
Owner Signature  *PERSONS CONTRACTING WITH UNREG	Date SISTERED CONTRACTORS DO NOT HAVE ACCESS TO THE GUARANTY		
Documents Required: Two sets of Plans Worker's Compensation Affidavit Energy Conservation Form Copy of Builder's License and Insurance	Three sets if applicant needs Fire Department Approval  Or Homeowner License Exemption		
Other documents that may be required: Engineer's Calculations if necessary Interdepartmental Sheet if necessary Copy of Contract if no homeowner signature Copy of Decision Letter from Board of Appeals Registered Plot Plan	BOA Decision #		
PERMIT APPROVED BY:			